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ABSTRACT

This paper considers the efficacy of utilizing the elementary school community as a therapeutic support system for children who have experienced severe stressors. Schools are in an advantageous position of recognizing the presence of pathology in children. The school setting is most demanding of all situations in which children generally are involved and a considerable degree of integration is necessary for healthy functioning. The paper presents the cases of four children who have experienced extreme stressors. In case one, the child has experienced the death of a sibling; in case two, there has been a change in custody following divorce; in case three, the child's mother has been incarcerated; and case four is a burn victim. In each of the four cases, the supportive system of the family was disturbed. The paper concludes that in keeping with the mission of schools to develop the whole child, increasing attention will need to be given to the disruptive forces outside the classroom that are stressors in the lives of school children. (Contains 107 references.) (JDM)

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Counseling Children Who Have Experienced Extreme Stressors

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Objective

This study is an attempt to demonstrate the efficacy of utilizing the elementary school community in a conscious way as a therapeutic/support system for those children who have experienced severe stressors.

Theoretical Perspective and Framework

Children can come to school with a wide variety of psychological needs that, if not addressed, can seriously impact upon academic success. Children who have experienced extreme stressors in their lives are not responsive to the brief, solution-focused therapy (brief therapy) which is frequently used. Young children often need to recycle through a tragedy as they go through developmental stages making the counseling process more of a long-term approach. In addition, circumstances of the stressor may be such as to take away the family support system just when it is most needed. If the school system takes on the aspect of viewing itself as a community then we need to know how we can best help these situations.

Our schools have been aware that there are many children with social-emotional needs that interfere with the learning process. As early as 1990 the National Institute of Medicine estimated that 15% to 22% of the nation's 63 million children and adolescents

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had mental health problems severe enough to warrant treatment, yet fewer than 20% of these children received any type of mental health services (Costello, 1990, Tuma, 1989). A more recent study (Doll, 1996) takes the 20% estimate and concludes that in the typical urban school of 1,000 students, between 180 and 220 students with diagnosable psychiatric disorders need help. Most frequently, one would expect anxiety disorders, conduct disorder, oppositional defiant disorder, and attention deficit disorder among these students. Prior to the last decade, depression in children was viewed as nonexistent (Ramsey, 1994). However, in 1992 the American Psychiatric Association placed the estimate at 3 to 6 million children suffering from clinical depression. Attention Deficit/Hyperactivity Disorder diagnosis estimates are in the 3% to 20% range (Erk, 1995). Since Ritalin or other stimulants are often used in treatment with considerable success, it might be that many of these children are suffering from depression instead of ADHD since they would be receiving the same form of medication and are apparently responding to it.

Schools are in a particularly advantageous position when it comes to diagnosing the presence of pathology in children. The school setting is the most demanding of all the situations in which children generally are involved, and a considerable degree of integration is necessary for healthy functioning in that context. Accordingly, it may well be the first area in which symptomatology becomes evident. The child typically has three area of functioning: school, home, and relationships with peers. It is quite common for parents, even when they are aware of problems, to withhold seeking treatment for 3-4 months simply to see if the symptoms persist (Gardner, 1990). Desire to seek treatment, presents new problems for both parents and school counselor.

While the number of children needing mental health services are on the rise, two conditions limit the availability of services to them. First, the closing of state mental health hospitals placed increased demands upon the community mental health programs to provide services for adults who were now in the general population. This, in turn, limited funding for children's services (Collins and Collins, 1994). Secondly, referring students/families to community mental health programs or to individual practitioners (who would use a sliding scale of fees for services) is a declining option. Managed care systems have depleted that resource, making the school counselor the only accessible mental health service provider for many students and families. School counselors report that they are serving a growing number of students who have serious mental health problems. Lockhart and Keys (1998) found in a poll of school counselors from their area that these individuals were working with students diagnosed by clinicians as having fetal alcohol syndrome, crack baby syndrome, depression, anxiety disorder, oppositional defiant disorder, dissociative disorder, and others.

Increasing incidence and decreasing resources are enough for us to see the "need" and yet the preference would be to have outside professionals handle the problem as in the past. This is no longer a viable option. The school affords a connection as a major domain in the life of a child. The school is in the unique position to recognize the onset of psychological problems, and it has the ready resource of caring adults to provide a needed support system. What may hold many school districts back from a deeper commitment to counseling services at the elementary level is that they cannot envision their potential effectiveness.

Data Source

Using qualitative research methods, I have studied 4 children who have experienced extreme stressors. The cases selected were chosen because the loss suffered was compounded by the disruption to the support system. The cases are: (1) a kindergarten child whose brother in the 3rd grade was killed in a traffic accident, (2) a 4th grader whose close relationship with her mother was suddenly disrupted when the mother was incarcerated, (3) a 5th grade child of divorce who underwent a change of custody (its impact on all family members), and (4) a 1st grader who had been burned as an infant in a house fire. Her injuries include severe scarring on her right leg and no toes remaining on her right foot. She has had several hospitalizations since the fire.

Methodology

The data for the study includes (1) counseling session notes, (2) written responses to teachers, (3) interviews with parents, and (4) observations. We have as existing data the counseling session notes that cover periods of 1-4 years. In 2 of the cases these notes also include drawings the child made at the conclusion of each session. The questions to the teachers and the interviews with the parent follow the pattern where there is:

1. One area of questioning pertinent to the particular stressor in each case.
2. The general area of sadness/loneliness as seen in the child.
3. Concerns about compassion and the desire to "over" protect.

4. Teachers were questioned about their comfort level with providing a supportive environment.
5. Parents were questioned on their perception of the school providing a supportive environment during a time in which there is great stress upon the family.

Observations are mine (the counseling notes contain reflections recorded at the time and prior to the formation of the research question). Subsequent observations make a conscious attempt to "make strange" what is familiar to me.

Results

In Case # 1--Death of Sibling--the therapeutic/supportive environment was in place in the fullest sense for a three-year period. Counseling (therapy) was in place for an additional year after this and continues occasionally. It was felt by parent, counselor, and teaching staff that this was necessary to enable the child and the family to make transitions and accommodations in their life that would enable them to move forward while maintaining the memory of the deceased child. The case was one that Worden (1990) would call complicated grief in that there was no chance to say goodbye. Also the age of the elementary school child at the time of the tragedy could have particularly shaken their feelings of safety and security. The transitions evidenced in the drawings point to an ability to reposition the deceased brother in their "world." The later counseling sessions do not indicate any of the possible negatives (sense of guilt, depressive periods, tendency to be withdrawn or overly dependent) that are often associated with children who have experienced this type of stressor.

In Case # 2--Change of Custody Following Divorce--Interviews with mother, father, and child indicate that they are all getting along much better following the change of custody. There is more open communication between the parents (even to the point of co-sponsoring a birthday party). Early counseling session notes indicated a severe distrust between parents and a child able to manipulate situations. There was also a strong tendency in the beginning for parents to rely upon the legal system as the means of settling disputes rather than the dialogue that developed at the end. School grades are up significantly (from barely passing to A's and B's) and there is strong participation in student activities in school. It is my observation that the child has a marked comfort level in being able to move back and forth between the two parts of her family. Though the families are quite different in parenting modes the child has learned that there is an advantage to seeing what works and what does not in the various methods of child rearing (Fassel, 1991). In early counseling sessions there was a marked tendency for the child to be tense. This tension accompanied the endeavor to say what would be most expected by or most pleasurable to the particular adult that she was interacting with. The later counseling sessions and particularly the interview show much more relaxation and a willingness to express her own thoughts whether or not they pleased the adult present

In Case # 3--Incarceration of Mother--Our immediate concern in this case was the potential for emotional withdrawal on the part of the mother. Self-judgment, self-abasement, give the appearance of emotional fragility which then impacts upon the child's own ability develop a normally assertive, autonomous self (Pound, 1982; Levine, 1982; Wahl, 1976). This would leave the child with a heightened state of anxiety in the

future (Bowlby, 1980). Those things that I was anticipating to be there on the part of the child. (1) a need for physical closeness to parental types and, (2) sadness/loneliness were present but not to the degree that I had expected. This was particularly puzzling at first. The interview with the mother brought out the fact that she herself had somehow never achieved the separation, individualization that was necessary for her own self autonomy. Hence, I had stumbled into a case in which there were deeply embedded problems that were only now beginning to surface. In some sense this episode enabled the child to fully exist as a child rather than as part of a relationship with the mother that was characterized by dependency on both of their parts. The therapeutic/supportive environment may well have been a respite in which the child could be fully nurtured without needing to nurture. In the survey of the teachers it became apparent that each teacher had a different boundary that they had established for themselves regarding relationships with students. It was necessary for them to find a measure of justification in order readjust that boundary for this particular child.

In Case # 4--The Childhood Burn Victim--This child had shown severely disruptive classroom behaviors as a kindergarten student (teacher surveys) and gradually gaining some control in first and second grade. There were reported pronounced mood swings and what each teacher described as a "look" when she entered the classroom that would indicate it was not going to be a good day. There were tendencies to withdrawal from activities, sudden unexplained build up of tensions and preoccupations in her drawings with hospitals and doctors. In the interview with the mother she down played any sleep difficulties or any hypersensitivity such as startle response. Mother also stated

that she did not feel any pull to "over" protect her since the hospital staff had always told her not to treat her any different. It was in interviewing the older brother that we had learned that the children had been removed from the home for a period of nearly a year. This placement in foster care was not because of the fire but rather because the daughter had been physically abused by mother's husband (not the girl's father). The children had been returned just prior to the girl's entering kindergarten. Again, it appears that this is a more complicated situation. There is not the one stressor--the fire--with flashbacks and dreams (one of her drawings that depicts a recurring nightmare appears to be thick black smoke). Instead we are now talking of possible separation anxiety as an additive factor to her being the victim of abuse. Teachers each had a particularly difficult and demanding time the year that they had here. Each wanted to put that year and thoughts of the difficulties behind them. My observation is that they did an admirable job in providing a supportive environment and yet they were generally unaware of all the dynamics that surfaced in this case. In the last year (2nd grade) there was contact with her natural father and then a pulling away on his part. The family moved, mother lost her job, and though they were able to stay in the same school this year they will probably be in a different school for the 2000-2001 school year. With all this going on in her life teachers and counselor were providing stable modals of consistent adult behavior.

Summary

In each of the cases, the supportive system was constructed by those who touch the life of the child. Since the natural support system, the family, has also been disrupted by the stressor it is expected that in some way school personnel will stand in *locum parentis*. In

one case it might be the counselor alone, in others it might be several teachers during one year, or several teachers over the course of several years. The supportive system, the community of the child is the felt presence of those who care for them. This "care" is that of a loving parent whenever there is the occurrence of a particular incident which has temporarily disabled that natural parent from functioning in that role. That is not to say that there are school personnel who do not care for children. In fact, there are many who are overwhelmed by the families of students who seem disconnected from the educational life of their children (Steinberg, 1997). This leads to an attitude in which there is a universal care for children and their learning by school personnel but there would seem to be a greater need for particularity. There is a need to care intensely for the one child in his/her own particular circumstances. Pierre Tielhard de Chardin (1960) speaks of the divinisation of all of our activities within the world. By this he means that we try to separate the various endeavors in our life. In doing so we try to sift out the sacred from the secular. When we do that then our everyday lives loose their sacred character. We divide our own lives and we separate ourselves from those around us. That spirit of community, that sanctification of our everyday lives is sorely needed to produce wholeness.

Educational Importance of the Study

Schools define their mission as either narrow (content only) or broad (development of the whole child). Adopting the "wholeness" of the child perspective, stressors and the disruptive forces outside the classroom can be detrimental to learning. Success in dealing with extreme stressors by adopting a therapeutic/supportive approach

might well carry over and produce systemic change in other relationships. There is much talk these days of the need for "vision." If our vision as a school includes the respect, care, concern for each individual in our community, then particularly when one is suffering we need to find ways to enable, to mobilize our efforts, to intervene on their behalf. It does not become a question of our ability (can we or shall we) but rather how shall we? The message ensconced in the parable of the lost sheep is not simply the care of the shepherd for the individual but that each of the 99 recognize that if they become "lost" the same effort would be put forth on their behalf. By working with difficult situations we are building trusting relationships with the entire body.

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